

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/673738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2						
3		/		/		/
4		2		/		/
5		2		/		/
6		2		/		/
7		2		/		/
8	/		/		/	
9		1		/		/
10		2		/		/
11		2		/		/
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15		2		/		/
16		2		/		/
17		2		/		/
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	21	↓	43	↓	19	↓
TOTAL CLAIMS	23		45		21	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS